

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90036 041 \*\*\*158.75

**DOCUMENT # P96000077057**

**1. Entity Name**  
**INTERIORS PURCHASING GROUP, INC.**

**Principal Place of Business**      **Mailing Address**  
**719 PEACHTREE ROAD**                      **719 PEACHTREE ROAD**  
**ORLANDO FL 32804**                          **ORLANDO FL 32804**

00010110



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-3408224</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>MEDINA, DANIEL ESQUIRE</b>				<b>Name</b> <b>G &amp; L Agent Services, Inc.</b>			
<b>4740 CLEVELAND HEIGHTS BLVD.</b>				<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
<b>LAKELAND FL 33813</b>				<b>390 N. Orange Avenue, #600</b>			
				<b>City</b> <b>Orlando</b>		<b>FL</b> <b>Zip Code</b> <b>32801</b>	

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE: *Robert Gronck, President*      **1-14-2002**  
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMULLEN, PAMELA 7652 ASHLEY PARK COURT, SUITE 306 ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & President (D/P) Ronald J. Holecsek 2260 University Drive Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Treasurer (D/T) Sidney C. L. Char 2260 University Drive Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Secretary (D/S) Gregory Coghill 2260 University Drive Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) Michael M. S. Chun 2260 University Drive Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) Howard J. Wolff 700 Bishop Street, #1800 Honolulu, HI 96813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) Donald W. Y. Goo 700 Bishop Street, #1800 Honolulu, HI 96813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:** *Ronald J. Holecsek*      **Ronald J. Holecsek**      **1-15-2002**      **949/574-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #

CR2E034 (9/01)